

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 09/10/01?
 - b. The request was received on 06/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond as required by Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent's initial response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: letter dated 09/03/02
"CPT 22899 was billed to represent reconstruction of iliac crest. This was denied as global..."

"CPT 22820 represents harvesting bone autograft, separate incision for arthrodesis. The provider billed two units of CPT 22820. One unit was denied as global and one unit was paid at the Texas Fee Schedule MAR @ \$425.00. The operative report submitted does not support payment of two units."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 09/10/01.
2. The Provider's letter to the carrier, dated 04/04/02, indicates that the services in dispute were denied, G – Global.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	Carrier Denial	MARS	REFERENCE	RATIONALE:
09/10/01	22899	\$1500.00	\$0.00	G	DOP	Texas Workers' Compensation Act & Rules, Sec. 133.304 (c); MFG CPT descriptors, Global Service Data for Orthopaedic Surgery, 1994	The provider billed an unlisted procedure code for the reconstruction of the iliac crest. The carrier denied reimbursement stating that the procedure is included in the global service package (#9 on pg. V) of the Global Service Data for Orthopaedic Surgery, 1994. The reconstruction of the iliac crest after harvest of bone graft is not a procedure that #9 of pg. V refers to. The documentation indicates the services were performed and billed correctly. Therefore, reimbursement of \$1,500.00 is recommended.
09/10/01	22820	\$750.00	\$0.00	G	\$425.00	Global Service Data for Orthopaedic Surgery, 1994	The disputed CPT code is for the harvesting of bone autograft through separate incision. The carrier has denied as global. Per the Global Service Data for Orthopaedic Surgery, 1994 the disputed CPT code is not global to the primary procedure (CPT code 22842) billed on the DOS in dispute. Therefore, reimbursement of \$425.00 is recommended.
Totals		\$2250.00	\$0.00				The Requestor is entitled to additional reimbursement in the amount of \$1,925.00.

The above Findings and Decision are hereby issued this 20th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,925.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of November 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division